



Upper Bay Counseling and Support Services, Inc.
1275-B West Pulaski Highway
Elkton, MD 21921
410-620-7161
Toll free: 800-467-0304
Fax: 410-620-7168
www.UpperBay.org

Dear Friend of Upper Bay,

We appreciate your interest in volunteering at Upper Bay Counseling & Support Services, Inc. Our volunteers are caring, hardworking people who want to make a difference in the lives of individuals who are mentally/ behaviorally challenged and/or their families. Whether you choose a clerical position behind the scenes or a more hands-on role with clinical support, your participation is vital to the success of the organization. Each contribution brings us closer to accomplishing our mission: *to help individuals, strengthen families, and unite communities by providing a broad and expanding range of high quality behavioral health and community services.*

Volunteering can also enrich your life. It is an opportunity to develop skills, make friends, and contribute to the well being of families in our community. Volunteering at Upper Bay Counseling & Support Services is also a wonderful opportunity to learn. Your volunteer experience will begin with an orientation, which will include general organizational policies and industry standards. Your supervisor will complete on-the-job training for your specific assignment.

The hard work and dedication of our volunteers is greatly appreciated!

After reading the enclosed material, please carefully consider your ability to make the commitment to our program. If you have any questions or concerns regarding the application process, please contact our office at 410-620-7161. We look forward to working with you!

Sincerely,

Sheila M. Murphy, MCAT
Community Relations Manager

“The best way to find yourself is to lose yourself in the service of others.” – Mahatma Gandhi



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Application for Volunteer Services

Personal Information

Name: _____

Address: _____
Street City State Zip

Phone: (Home) _____ (Office) _____

Emergency Contact : _____ Phone: _____

Skills & Interest

1. Education background: _____
2. Current occupation: _____
3. Hobbies, skills, interests: _____
4. Previous volunteer experience: _____

Preferences in Volunteering

1. Is there a particular type of volunteer work in which you are interested? (Check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Working one-on-one with a single client | <input type="checkbox"/> No preference |
| <input type="checkbox"/> Working directly with a staff person as an assistant | <input type="checkbox"/> Providing service to several clients |
| <input type="checkbox"/> Helping around the office in general administrative duties | <input type="checkbox"/> Doing public speaking, fundraising |
| <input type="checkbox"/> Doing research, training or an individual project | <input type="checkbox"/> Working occasionally on group projects/events |
| <input type="checkbox"/> Other: _____ | |

2. Is there a person or group with whom you are particularly interested in working? (Check all that apply.)

- | | | |
|--|---------------------------------------|--|
| <input type="checkbox"/> No preference | <input type="checkbox"/> Adults | <input type="checkbox"/> Seniors |
| <input type="checkbox"/> Teens | <input type="checkbox"/> Children | <input type="checkbox"/> Physically Disabled |
| <input type="checkbox"/> Mentally Challenged | <input type="checkbox"/> Agency staff | <input type="checkbox"/> Males |
| <input type="checkbox"/> Females | <input type="checkbox"/> Other: _____ | |

3. Are there any groups with which you would not feel comfortable working?

- No Yes: _____

(continued on next page)

The above information is accurate and truthful.

I hereby authorize Upper Bay Counseling and Support Services, Inc. (UBCSS) and/or its agents to make an independent investigation of my background, references, character, past employment, education, credit history, criminal or police records (including those maintained by both public and private organizations), my previous co-workers and UBCSS acquaintances and all public records for the purpose of confirming the information contained on my application and/or obtaining other information which may be material to my qualifications for volunteering now and, if applicable, during the tenure of my volunteer career with UBCSS.

I hereby apply to UBCSS for volunteer assignments, and, if accepted, I agree to abide by all rules and regulations and perform all duties assigned to me to the best of my ability according to the prescribed philosophy of the organization.

I understand and agree that if I become a volunteer, I will be a volunteer "at will." In volunteering, either UBCSS or I may end the relationship at any time for any reason. No representative of the organization has the authority to vary this arrangement. I also agree that nothing in the organization's policies, rules, regulations or handbook changes this relationship, or may be considered as a contract of employment.

UBCSS is an Equal Opportunity/Affirmative Action Employer. Opportunity for Volunteer Service is provided without regard to race, color, religion, sex, origin, age, disability or veteran's status.

Signature

Date

CONFIDENTIALITY STATEMENT

All staff at Upper Bay Counseling and Support Services, Inc. (UBCSS), both clinical and clerical, are subject to Maryland law regarding confidentiality. Specifically, this means the following:

1. All information regarding clients is confidential and may not be released to anyone, discussed with anyone, or provided to anyone, without the express written consent of the client. Exceptions to this law are documented in the EXCEPTIONS TO CONFIDENTIALITY form which is on the reverse side of this form. Confidentiality applies to:
 - a. Name, address, telephone, etc. of clients
 - b. Clinical information about clients
 - c. Financial information about clients
 - d. Any other miscellaneous information

2. Maryland law also makes certain information about agency personnel confidential. The following information shall not be divulged to any other person, unless that person is a supervisor with the need to know, as established by policy:
 - a. Salary and wage information (may NOT be shared with co-workers)
 - b. Personnel disciplinary actions and job performance evaluations
 - c. Prior employment references
 - d. References about UBCSS employment for prospective employers, other than verification of date of hire and last day worked, and job title.
 - e. Employment evaluations may be released only with written authorization of former employee

3. Any questions regarding this law should be referred to a supervisor. At no time shall staff give anyone information about clients or personnel without absolute knowledge that this is legal. The law further prohibits discussion about clients or personnel with family, friends, neighbors, etc.

4. These laws of confidentiality are not limited to employment time. Even after employment has ended, confidentiality must continue to be maintained.

I have received the above information and agree to abide by these laws while employed with UBCSS and after employment.

Printed name of employee: _____

Employee Signature: _____ Date: _____

UBCSS Witness: _____ Date: _____

EXCEPTIONS TO CONFIDENTIALITY

The confidentiality laws begin by establishing broadly the worker's obligation to safeguard client privacy, but they carve away or "except" this client right in certain circumstances. Basically, these statutes tend to set aside confidentiality to expedite the determination of truth in specific judicial proceedings and to prevent the client from inflicting serious injury to self or others.

In view of the legal limitations that are being placed on client confidentiality, it is imperative that workers inform each client of the potential breaches that are likely to impinge on their relationship. Additionally, workers should disclose as limited an amount of information as possible or necessary. The following is a list of exceptions to confidentiality.

- A. In any instances of suspected abuse or neglect of a child, whether current or past, regardless whether the perpetrator is living or deceased, there is a Duty to Report the suspicion to the local Department of Social Services (Child Protective Services). This is true for both suspect and victim and abuser.
- B. When adults state that they were abused or neglected as children, this must also be reported to the Department of Social Services to safeguard current children.
- C. If a client threatens to do harm to another person, then there is a Duty to Warn that potential victim.
- D. If a client is determined to be at high risk of harming him/herself, or of harming another person, then the Duty to Protect takes precedence over confidentiality.
- E. In cases where there is an open Protective Services investigation, a therapist must reveal any information which is relevant to the investigation.
- F. In any case of suspected abuse or neglect of an elderly person, there is a Duty to Report the suspicion to the Department of Social Services (Adult Protective Services).
- G. In a medical emergency, information relevant to the medical treatment of the client shall be given to medical personnel.
- H. When a client is referred for treatment by an element of the Criminal Justice System, information about the client's attendance and compliance with treatment may be released to that System.
- I. Court orders override confidentiality.
- J. Financial and professional audits of the agency records by qualified professionals may, by necessity, include some confidential information.
- K. Written permission from the client allows release of information.
- L. Use of an alias by a client negates all confidentiality of that client's record.
- M. Agency staff may share information with other internal agency staff to provide complete, appropriate treatment.
- N. Interagency staff at the State mandated Multi-Disciplinary Treatment Team meetings may share information to facilitate case planning.
- O. Insurance companies, especially managed care entities, require that certain clinical information about the client be shared in order to determine what benefits will be allowed for the cost of treatment.
- P. When client fees are not paid promptly and the account is sent to a collection agency, then information necessary for the collection of the fees shall be shared.

EXCEPTIONS TO CONFIDENTIALITY, Cont.

- Q. In the event that a criminal or civil proceeding against UBCSS is filed by a client, that client shall have been deemed to have waived confidentiality.
- R. Appropriate information shall be provided to law enforcement personnel in the event that a crime is committed on UBCSS premises or against UBCSS or its staff.
- S. There is no confidentiality in the following types of judicial proceedings.
 - a. Any administrative or judicial non-delinquent juvenile proceedings.
 - b. Any guardianship and protective services proceeding concerning disabled persons.
 - c. Any guardianship and adoption proceeding initiated by a child placement agency.
 - d. Any criminal or delinquency proceeding in which there is a charge of child abuse of neglect or which arises out of an investigation of suspected child abuse or neglect.

CONFIDENTIALITY ADDENDUM

All staff are expected to excuse themselves from any clinical discussion or situation regarding any consumer with whom they currently have or have had a personal relationship (e.g., family member, romantic partner, friend, co-worker, neighbor, etc.). Likewise, staff are to refrain from obtaining any information from the medical record, computer database, or other files of any individual with whom they currently have or have had such a relationship.

Employee Name (please print): _____

Employee signature: _____ Date: _____